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10-28-03

GP: 1648  
AF: \$

AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 67493-013 (P-PM 4966)	
SERIAL NO: 09/966,608	FILING DATE: September 27, 2001	EXAMINER: L. Scheiner	GROUP ART UNIT: 1648 CONFIRMATION NO.: 7273
INVENTION: IBD-ASSOCIATED MICROBIAL NUCLEIC ACID MOLECULES			

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 546 035 US

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING  
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE  
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER  
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS  
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ALEXANDRIA, VA 22313-1450.

(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

RECEIVED

NOV 06 2003

TECH CENTER 1600/2900

Transmitted herewith is a response to the Office Action  
mailed May 20, 2003, in the above-identified application.

X Small Entity status of this application has been  
established under 37 CFR 1.27.

X One executed Declaration with attached Exhibits A-E.

X Petition for an extension of time, in duplicate.

X No additional claims fee is required.

       An additional claims fee is required and has been  
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	31	-	31	-	0	x	\$9	\$18	=	\$	\$
INDEPEN- DENT CLAIMS	2	-	2	-	0	x	\$42	\$84	=	\$	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			_____YES		_____X___NO		\$140	\$280	=	\$	\$
							TOTAL ADDITIONAL FEE			\$0	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than  
20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3,  
write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and  
the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0,  
write "0" in the space.

Inventors: Braun and Sutton  
Filed: September 27, 2001  
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- X Please charge my Deposit Account No. 502624 the amount of \$210.00 which covers the fee for a two-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

October 20, 2003  
Date

McDERMOTT, WILL & EMERY  
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